

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09746860	FILING DATE						
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
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48		1											
49		1											
50		1											
TOTAL IND.	1												
TOTAL DEP.	49	↓	↓	↓	↓								
TOTAL CLAIMS	50												
TOTAL IND.	3												
TOTAL DEP.	4	↓	↓	↓	↓								
TOTAL CLAIMS	7												

Total IN. = 4
Total Dep. = 53

Total claims = 57